

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>4704</b>	2. Fiscal Year Covered From:  1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.  Name Daniel F Aussem  P.O. Box, Bldg., Room No., if any  Street 2082 Oak Leaf St  City Joliet  State Illinois ZIP Code + 4 60436	4. Name, file number, and address of labor organization.  Name IRON WORKERS Local 444  Labor Organization File Number <b>013 830</b>  P.O. Box, Building and Room Number, if any  Street 2082 Oak Leaf St  City Joliet  State Illinois ZIP Code + 4 60436
5. Position in labor organization. Business Agent	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income.          7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Daniel F Aussem</u>	On <u>5/12/2006</u> Date	<u>(815) 725-1804</u> Telephone Number

Name of Person Filing Daniel Aussem	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Segal Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 500</p> <p>Street 101 North Wacker Drive</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60606</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name IRON WORKERS Tri-State Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 200</p> <p>Street 1000 Burr Ridge Pkwy</p> <p>City Burr Ridge</p> <p>State Illinois ZIP Code + 4 60527</p>	<p>11.a. Nature of such dealing.</p> <p>Consultant to Health &amp; Welfare Fund</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Attended lunches, dinners and golf while attending educational seminars and charitable events</p>
	<p>12.b. Amount. \$791</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Daniel Aussem

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Ironworkers Tri-State Welfare

Trade Name, if any: C/O OBA Midwest

P.O. Box, Bldg., Room No., if any Suite 200

Street 1000 Burr Ridge Pkwy

City Burr Ridge

State Illinois ZIP Code + 4 60527

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Ironworkers Tri-State Welfare

Trade Name, if any: C/O OBA Midwest

P.O. Box, Bldg., Room No., if any Suite 200

Street 1000 Burr Ridge Pkwy

City Burr Ridge

State Illinois ZIP Code + 4 60527

11.a. Nature of such dealing.

Jointly managed Trust to provide Health & Welfare benefits to participants of Tr-State Welfare

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursement of travel expenses to educational seminars required by the Department of Labor and ERISA to meet fiduciary responsibilities.

Reimbursement of expenses associated with attendance at Board of Trustees meetings.

12.b. Amount.

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8. Name and address of Business (including trade name, if any).

Name Ironworker Mngt Progressive Action Trust

Trade Name, if any: IMPACT

P.O. Box, Bldg., Room No., if any West Lobby

Street 1750 New York Avenue NW

City Washington

State District of Columbia ZIP Code + 4 20006

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IMPACT

Trade Name, if any: IMPACT

P.O. Box, Bldg., Room No., if any West Lobby

Street 1750 New York Avenue NW

City Washington

State District of Columbia ZIP Code + 4 20006

11.a. Nature of such dealing.

Ironworker Labor Management cooperative Trust Fund

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Provided lodging and meals while attending a Regional Advisory Board Executive Committee meeting

12.b. Amount.

\$270